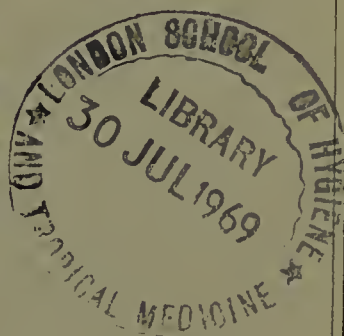


C. 4598

Anglesey County Council



ANNUAL REPORT

OF THE

Principal School Medical Officer

for 1965

G. CROMPTON, M.B., B.Ch., D.Obst., R.C.O.G., D.P.H.

ANGLESEY COUNTY COUNCIL



To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the fifty second Annual Report of the School Health Service in the County.

It is really a statistical analysis of the work of the School Medical Department carried out under the direction of my predecessor, Dr. T. A. I. Rees, who left Anglesey in May of this year to take up his appointment as Medical Officer of Health, Welfare Officer and Principal School Medical Officer for the County Borough of Plymouth. Dr. Rees was appointed Principal School Medical Officer in Anglesey in May 1962, and during his comparatively short stay here has done much to consolidate developing services. As his successor I would like to take this opportunity to wish him every success in his new appointment.

The general health and nutritional state of the pupils was again very satisfactory. There are a few things to which I would like to draw your attention.

Tuberculosis :

It would appear that parents have taken little or no heed of the advice given them by Dr. Rees in the 1964 Annual Report. Although great progress has been made in the county in the last decade to reduce the number of new cases of tuberculosis, the battle against this infectious disease in Anglesey has yet to be won. Little or no progress was made during the year to reduce the number of new cases in the adult population. For the second successive year the number of new cases notified has been significantly higher than the nadir achieved in 1963.

<i>Year</i>	<i>New cases of Tuberculosis</i>
1963	26
1964	36
1965	33

The means to eradicate human tuberculosis are at our disposal. Whilst a good varied diet, good housing conditions and the observation of the principles of hygienic living are important weapons in the battle against what may be a fatal infection, but which more often than not these days leads to a state of a "sub-healthy existence," a more ready acceptance of immunisation by parents so that their teenage children may be given B.C.G. in their third or fourth year in the secondary schools will have to be achieved before a victory is won.

I feel that it is indeed a sad commentary on the existing state of affairs when one realises that of the 1,130 children offered B.C.G. in 1965 it was for only 608 that the department received consent to vaccinate. Since the procedure is simple, practically painless and causes little or no subsequent discomfort, one can only assume that this poor response is purely due to languid, apathetic parents, many of whom have, alas, forgotten the annual toll of deaths claimed by the "decline" in the recent past.

Verminous Heads :

Whilst school children are now generally in a better state of health than ever before, the increasing number of children with verminous heads attending school is, to say the least, unsatisfactory. The number of cases detected by school nurses in the last six years are as follows :

<i>Year</i>					<i>No. of cases</i>
1960	...	...	...	...	79
1961	...	...	...	...	55
1962	...	...	...	...	91
1963	...	...	...	...	93
1964	...	...	...	...	103
1965	...	...	...	...	125

Is it just a coincidence that this recrudescence of one of the signposts of bad hygiene practice should accompany the cult of the Edwardian hairstyles ?

Fluoridation :

That fluoridation of water supplies has a beneficial effect in arresting tooth decay there can be no doubt. I feel that it is noteworthy in this context that only 1,644 teeth were found to be in need of extraction by the school dental officers in the year compared with 4,246 teeth which were filled. This ratio of nearly three fillings to one extraction is as high a proportion in favour of conservative as against radical treatment, as in any area in the whole country.

New Appointments :

I welcome to the department Mr. J. Barcroft, L.D.S., Miss O. Hughes, school nurse, and Miss P. Randall, dental surgery assistant.

Acknowledgments :

I am indebted to the many consultants listed in this volume for their continuing help and guidance during the year. I would also like to thank the superintendent nursing officer, her deputy and the

school nurses for their very loyal and efficient service, officers of other departments for their co-operation and my professional colleagues and office staff for their excellent work during the year. I would particularly like to thank my administrative and clerical staff for their great help in preparing and producing this report.

Finally, I wish to express my gratitude and thanks to you, and particularly to the Chairman and members of the Education Welfare Committee, for your interest, help and guidance in the work during 1965.

I am,

Your obedient Servant,

G. CROMPTON,

Principal School Medical Officer.

November 1966

MEMBERS OF ANGLESEY EDUCATION COMMITTEE 1964/65

Chairman : *Alderman A. Ifan Jones, M.B.E., J.P.

Vice-Chairman : *Mr. Hugh Pritchard, M.B.E.

Chairman of School Children Welfare Committee :

Mrs. E. G. Williams, J.P.

Vice-Chairman of School Children Welfare Committee :

Mrs. M. A. Edwards

Mr. R. Edwards.

*Mr. John Lewis.

Mr. Clarence Ellis, M.A.

*Alderman W. Charles Owen.

Mr. David Evans, J.P.

*Mr. Robert Pritchard.

Alderman O. G. Foulkes, J.P.

*Mr. I. T. Richards.

*Alderman Owen Griffith.

*Mr. Robert Richards.

Mr. J. W. Gruffydd.

*Mr. E. Robens.

Capt. W. Eilian Herbert.

Alderman I. O. Roberts.

*Alderman Rev. D. R. Hughes.

Mr. John Roberts.

Mr. O. T. L. Huws.

*Alderman Robert Roberts, M.B.E.

*Mrs. A. Arthur Jones.

J.P.

Mr. Hugh Jones.

Mr. T. D. Roberts.

Alderman Llewelyn W. Jones.

Alderman Capt. A. Robertson, J.P.

*Alderman O. R. E. Jones.

Mr. David Thomas.

Alderman P. Ogwen Jones.

Alderman J. Hugh Thomas, O.B.E.

*Mr. R. H. Jones, J.P.

Mr. D. Manley Williams.

*Mr. R. J. Jones.

*Mr. G. Alun Williams.

*Mr. Thomas Jones.

Alderman G. Ll. Williams, J.P.

*Mr. William Jones.

*Mr. Gordon Williams.

*Mr. W. Pritchard Jones.

Rev. D. J. M. Williams, B.A.

*Member of the School Children Welfare Committee.

Director of Education : [D. Jones-Davies, M.A.] (died 4.10.65)

G. Prys Jones, B.A. (from 1.1.66)

STAFF :

Principal School Medical Officer
and County Medical Officer of
Health.

T. A. I. Rees, B.Sc., M.B., B.Ch.,
D.P.H., D.C.H., D.I.H., D.Obst.,
R.C.O.G.

School Medical Officers (also Medical Officers of Health of County Districts)	G. H. Browse Roberts, M.A., M.B., B.Ch., B.A.O., D.P.H., L.M. W. Arthur Jones, L.M.S.S.A., D.P.H.
School Medical Officer (also Asst. C.M.O. of H.)	Mrs. Mair Humphreys Jones, M.B. Ch.B., C.P.H. (Part time)
Principal School Dental Officer	O. C. Jenkins, L.D.S., R.C.S.Eng., D.D.S. (Toronto).
School Dental Surgeons	H. W. Evans, B.D.S. J. Barcroft, L.D.S. (commenced 3.5.65)
Dental Attendants	Miss G. Roberts. Miss M. L. James (left 31.12.65) Miss P. Randall (commenced 1.8.65)
Speech Therapist	Miss A. S. B. Rowlands, L.G.S.M.
Consulting Paediatrician	*Gwyn R. Griffith, M.D., F.R.C.P., D.P.H., D.C.H.
Chest Physician	*J. Glyn Jones, M.A., M.D. M.R.C.S., L.R.C.P.
<i>Child Guidance Service :</i>	
Consultant Child Psychiatrist	*E. Simmons, M.D., L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).
Senior Registrar in Psychiatry	*J. Aled Williams, M.B., Ch.B., D.C.H.
Registrar in Psychiatry	*Dr. J. Pryce, M.B., Ch.B., D.C.H.
Principal Psychologist	Mr. W. E. Moore, B.Sc.
Psychologists	*Mr. J. B. Edwards, M.A., Dip.Ed. Psych. *Mr. J. Sants, M.A. (left 31.12.65) *Mr. P. J. Macdonald, B.A. *Mrs. R. M. De Hutiray, B.A., Dip.Ed. Psych. (commenced 1.5.65) *Mr. A. G. Meredith, B.Sc. (commenced 1.6.65)

Clinical Psychologist Trainee	*Mrs. G. James, B.A. (left 31.12.65)
Clinical Assistant	*Patricia C. Powell, M.B., Ch.B. (left 31.3.65)
Psychiatric Social Worker	Vacant.
Social Workers	*Mrs. S. Mundle, B.A. *Mrs. V. Ford-Thomson. *Mrs. D. M. Binks, Dip. Soc. Science (commenced 1.12.65) *Mrs. D. P. Woolfenden, Dip. Soc. Science (commenced 1.12.65) *Mrs. M. Scott (part-time) (com- menced 31.10.65)
Trainee Social Worker	*Miss S. Moston, B.A. (left 31.8.65)
Consulting Ophthalmic Surgeons	*T. G. Wynne Parry, M.R.C.S., L.R.C.P., D.O.M.S. *G. C. Laszlo, M.D. (Budapest), L.R.C.P. (Edin.), D.O. (Oxford)
Consulting Orthopaedic Surgeon	*G. I. Roberts, M.B., Ch.B., M.Ch.Orth., F.R.C.S.
Consulting E.N.T. Surgeon	*Eiron Jones, F.R.C.S.
Orthoptist	‡Mrs. S. M. Guppy (left 11.6.65) ‡Mrs. H. M. Foster (commenced 3.11.65)
Physiotherapist	‡Mrs. P. A. Jones (left 30.9.65) ‡Mrs. H. Lloyd Williams (com- menced 4.10.65)
*Under contract with Regional Hospital Boards.	
‡Employed by the Caernarvon and Anglesey Hospital Management Committee.	
Superintendent of School Nurses (also Supt. Nursing Officer)	Miss H. V. Parry, S.R.N., S.C.M., Q.N., H.V. (Cert.).
Deputy Superintendent of School Nurses (also Deputy Supt. Nursing Officer).	Miss J. E. Jones, S.R.N., S.C.M., Q.N., H.V. (Cert.).

School Nurses

Mrs. Cotgreave.
 †Mrs. Gwladys Rowlands.
 †Miss E. C. Pritchard.
 †Miss M. C. Williams.
 †Miss E. Hughes.
 †Miss G. Foulkes.
 †Miss M. E. Clarke.
 †Miss E. J. Thomas.
 †Miss P. R. Holt.
 †Miss O. Hughes (commenced
 4.8.65)
 †Also Health Visitors.

Chief Administrative Assistant

Horace Betts, D.P.A.

Clerical Staff

Gwilym Jones.
 Mrs. O. Ll. Evans.
 Miss H. Davies.

REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

MEDICAL INSPECTION

The school population on the 20th January, 1966, was :

Primary Schools	5,899
Secondary Schools	4,124
Special School	21
	<hr style="width: 100px; margin-left: auto; margin-right: 0;"/> 10,044 <hr style="width: 100px; margin-left: auto; margin-right: 0;"/>

The average attendance in the primary schools during the school year ended July 1965 was 92.3 per cent., as compared with 91.4 per cent. in 1964. In the secondary schools the average attendance was 89.4 per cent. compared with 89.2 per cent. in 1964.

In the Day Special School for educationally sub-normal pupils the average attendance was 92.3 per cent. as compared with 92.2 in 1964.

The work of medical inspection is detailed in tables at the end of this report. The statistics reflect a satisfactory state of health among the school population.

During 1965 there were three deaths of children in the age group 5-15 years, all of which were due to accidents.

Details of notifiable diseases for the year are appended, showing the total occurring at all ages and the number among children of school age. The table includes cases diagnosed in Caernarvonshire hospitals and therefore notifiable to the Medical Officer of Health of the district in which the hospital is situate.

Disease	Urban	Rural	Total	No. of School age Children
Diphtheria	—	—	—	—
Scarlet Fever	12	20	32	19
Ac. Poliomyelitis	—	—	—	—
Ac. Pneumonia	—	1	1	—
Dysentery	—	16	16	3
Food Poisoning	—	19	19	6
Measles	10	154	164	76
Whooping Cough	—	5	5	2
Paratyphoid and Typhoid ...	1	1	2	—
Meningococcal Infections ...	—	1	1	—
Erysipelas	—	—	—	—
Puerperal Pyrexia	—	—	—	—
Ac. Encephalitis	—	—	—	—
Malaria (contracted abroad)...	—	1	1	—
TOTAL	23	218	241	106

The incidence of infectious diseases was again very low throughout the year. There was a marked decrease in the incidence of measles as compared with 1964 but an increase in the incidence of Dysentery and Food Poisoning.

As will be seen from Part II Tables A & B on pages 21 and 22 the commonest defects discovered at routine medical inspection are defects of vision, including squint and defects of the nose and throat.

Minor orthopaedic departures from the normal foot and postural defects are frequently noted, but the severe crippling defect is happily not often seen. A few cases only of the infectious skin diseases, scabies, impetigo and ringworm were discovered.

GENERAL CONDITION AND NUTRITION

The general condition and nutrition of all children examined at routine medical examinations was satisfactory.

The *Milk in Schools* scheme continued to operate satisfactorily. Every school is supplied with pasteurised milk in one-third pint bottles.

92 per cent of the primary school children take milk, but only about 45 per cent. of those in the secondary schools do so.

The average number of meals served by the *School Meals Service* each school day was 7,875, which represents 85 per cent. of the school population.

TUBERCULOSIS

Notifications of Tuberculosis :

During the year only 1 case of tuberculosis was notified among children of school age as follows :

Non-respiratory forms	— (1)
Adult type respiratory tuberculosis	— (2)
Primary chest infections	1 (—)
	— —
Total	1 (3)
	— —

The numbers in brackets are the corresponding figures for 1964.

169 pupils at the Sir Thomas Jones School, Amlwch were M.P. tested because a teacher at the school was found to be suffering from tuberculosis. 88 of these pupils had a positive reaction and of these 70 were known to have been given B.C.G. previously. Of the remaining 18 positive, 17 were referred to the Chest Physician.

Preventive Measures :

Hitherto we have used in the main two weapons against childhood tuberculosis—mass radiography and B.C.G. vaccination. Mass radiography helps to protect school children by detecting early cases of the disease among the adults who work in schools as teachers, cleaners and canteen staffs. But we have also used mass radiography in recent years as a routine method of detecting early tuberculosis among adolescent school children. From 1955 to 1958 each secondary school was visited annually and children over the age of 14 years were examined by this means. During the four years 5,331 such examinations were made and these resulted in the discovery of 5 new cases of the disease among adolescents. There is a third way in which we have been using mass radiography as an adjunct in our preventive programme. As a preliminary to B.C.G. vaccination children aged between 13 and 16 years are given a tuberculin skin test. Those that react to this test may do so because they are at the time suffering from the disease or alternatively the positive reaction may be nothing more than the last remaining evidence of an infection with the germ of tuberculosis acquired at some time in the past and long since overcome. A chest X-ray will detect current disease so that it can be treated. We found it a great convenience and a means of rapidly allaying the natural anxiety of the parents of the child with a positive

reaction, if our tuberculin testing and vaccination programme were arranged to coincide with the annual visits of the Mass Mobile Radiography Unit.

In 1959 there was a change of policy resulting from the Adrian Committee Report as this advised that mass radiography should not be used when an X-ray examination of a child's chest was needed. Following on this, special arrangements were made with the Chest Clinic for full-plate films to be taken of positive reactors. However, it was realised some five years ago that the recommendations of the Adrian Committee were in some instances too stringent. At present weak positive reactors now go to Mass X-ray and the strong positive reactors to the Chest Clinic for full-plate X-ray films of the chest.

B.C.G. Vaccination

In the county secondary schools there were 810 children aged between 13 and 14 years on roll. In addition to these B.C.G. was also offered to 411 other children who had been absent or who had otherwise missed the opportunity for this on previous visits.

In the case of 91 children the tuberculin state was already known as the result of our contact tracing procedure.

Notified in the past as suffering from tuberculosis	—
Had already had B.C.G. as contacts	79
Known to be positive reactors, but not requiring observation	5
No. under the observation of the Chest Physician	7

Forms of consent were sent to the parents of the remaining 1,130 children and were duly returned for 608 children, but some of these were absent when the testing was done or when the tests came to be read. Results were thus available for 518, of whom 65 (or 12.6 per cent.) were found to be positive reactors, 11 of whom on enquiry, had had B.C.G. vaccination elsewhere. A total of 453 were vaccinated.

In addition 56 cadets of H.M.S. Conway were tested, 11 of whom were positive reactors. The remaining 45 were vaccinated.

65 positive reactors (54 school children and 11 cadets) were examined by chest X-ray, and where necessary by the Chest Physician. There were, happily, no cases of tuberculosis in this group, but 7 cases were kept under observation by the Chest Physician.

Tuberculin Testing of School Entrants

In the autumn term of 1957 a start was made with the routine testing of school entrants. The test used was the Multiple Puncture Test which was applied by the nursing staff. This procedure serves several purposes :

- (a) It enables us to discover those children who are likely to be suffering from tuberculosis ;
- (b) it enables us to gauge the "pressure of infection" from the tuberculin level at a given age ;
- (c) if repeated annually it enables us to note when a child "converts" from being tuberculin negative to being tuberculin positive and thus to watch the child during this critical period ;
- (d) the finding of a positive reaction in a young child should help in tracing undiscovered sources of infection in the community. The "conversion" of a child should be even more helpful.

There were 775 new entrants to school during the year and for 645 of these parental consent was given to the test being done. Of this number 76 (or 11.8 per cent.) were found to be positive reactors. This group of 76 positive reactors included 68 who had had B.C.G. vaccination as contacts to known cases. The remaining 8 cases were X-rayed and are being kept under observation by the Chest Physician.

THE WORK OF THE SCHOOL NURSE

The work done by school nurses in the prevention of infestation with vermin deserves high praise. The nurses made 34,150 inspections, which is equivalent to every child being examined on the average every four months during the year. The number found to be verminous was 125, or just over 1 per cent of the school population. The figures for the past few years are as follows : 1961, 55 cases; 1962, 91 cases; 1963, 93 cases; 1964, 103 cases.

The table printed on page 13 give some indication of the volume of work done by the school nurse/health visitors.

District	No. of schools	No. of exam-inations	No. of visits to homes	No. of visits to schools
Amlwch	4	4,072	69	115
Beaumaris	4	1,845	119	52
Bodedern	6	3,189	103	114
Bodorgan	5	2,103	27	42
Holyhead	9	10,470	834	245
Llanfechell	8	3,224	68	151
Llangefni	6	2,499	16	118
Marianglas	5	2,092	142	101
Menai Bridge	4	3,412	47	107
Newborough	6	1,244	66	46
TOTALS	57	34,150	1,491	1,091

The school nurses still attend to minor ailments when required. These include the abrasions, bruises, cuts, stings and similar happenings of school life which call for sympathetic attention.

ORTHOPAEDIC CARE AND AFTER-CARE

The following tables set out the work done by the physio-therapist :—

Centre	No. of Clinics held	No. of Cases	No. of Attend-ances	U.V.R.	
				No. of Cases	No. of Att'dances
Holyhead	61	50	299	2	10
Llangefni	40	49	212	1	9
Amlwch	35	23	175	—	4
Beaumaris	11	2	9	—	—
Menai Bridge	30	21	151	—	—
TOTALS	177	145	846	3	23

	Orthopaedic and other	U.V.R.
Total number of cases on the books 31.12.65	427	4
Total number of cases discharged 1965	171	10
Number of new cases 1965	131	3

Breathing exercises, etc., have also been given in the five clinics to 37 cases referred by hospitals.

During the year 250 attendances were made by 188 individual children at the 11 Orthopaedic Clinic sessions held at Holyhead and Llangefni, an average attendance of 22.7 per session.

DEFECTIVE EYESIGHT AND SQUINT

The Ophthalmic service for school children is provided through the hospital authorities. The number of refraction sessions held during the year was 70 as compared with 72 in 1964. The number of school children seen was 860 (987 in 1964) and 100 pre-school. The waiting period for appointments at the end of the year was about eight weeks.

The number of cases of school children operated upon—at the Caernarvon Eye and Cottage Hospital—was 8.

Prescriptions for glasses were issued at the clinics to 736 children.

The school nurses continued to test the eyesight of 7 year-old children and to refer doubtful cases for the opinion of the school doctor. This form of screening can be valuable in detecting defective vision at an early stage. During the year 692 children were tested by the nurses and 90 referred for further examination. In addition the school nurses test the corrected vision of children wearing glasses and if in doubt about the suitability of the spectacles refer the case for further examination. During 1965 they examined 235 such children and referred 65 to see the school doctor.

Orthoptic Treatment :

Orthoptic clinics are normally held at Bangor and Holyhead. The orthoptist is employed by the Caernarvon and Anglesey Hospital Management Committee and we are now in the extremely fortunate position of having an orthoptist in this area since February, 1963.

DISEASES OF THE EAR, NOSE AND THROAT

All consultations and operations for conditions of the ear, nose and throat are held at the Caernarvon and Anglesey Hospital, Bangor.

These are among the commonest causes of ill-health among children, and during 1965 80 cases were referred for a specialist opinion and 14 cases were operated upon, 10 for the removal of tonsils and/or adenoids, and 4 for diseases of the ear; 39 children received other forms of treatment.

Number of children waiting consultation at the end of the year was 26.

HANDICAPPED PUPILS

Much work was done during 1965 in the ascertainment of handicapped pupils and at the year's end the number of such pupils on the register was 355.

Category	Number ascertained during the year 1965	No. on the register of H.P.s at 31/12/65
Blind	1	5
Partially sighted	—	3
Deaf	—	3
Partially Hearing	3	43
Delicate.....	—	2
Educationally sub-normal	24	218
Epileptic	—	—
Maladjusted	—	2
Physically handicapped	1	7
Multiple Defects	—	10
Speech Defects	25	62
TOTALS	54	355

Number of cases dealt with during the year under the Education Act 1944 :

Section 57 (4) as amended 5

A considerable proportion of the time of the medical staff is devoted to the individual assessment of children reported by the schools because of suspected backwardness. During 1965 40 such reports (on Form 3 H.P.) were received, whilst 2 others received towards the end of the previous year were also brought forward ; 31

were referred for examination. The remainder—11—were not so referred for a variety of reasons (to be kept under observation, because of their age, left the county, etc.). The number examined during the year was 31 of whom 26 were recommended some form of special educational treatment, and 1 was reported upon as being unsuitable for education at school.

All children suspected of being educationally backward are audiometrically tested in order to eliminate deafness as a cause of the backwardness. Those who pass the audiometer test are then referred for individual assessment. 30 children were examined during the year.

The following table shows the number of pupils admitted to special schools during the year and the number in attendance at such schools on the 31st December :

Category	No. admitted 1965	No. in att'ce at Dec. 31	No. waiting adm. Dec. 31
Blind	—	2	3
Partially Sighted	—	—	2
Deaf	—	3	—
Partially Hearing	—	1	1
Delicate.....	—	—	—
Educationally Sub-normal...	9	33	59
Epileptic	—	—	—
Maladjusted	—	2	—
Physically Handicapped	1	3	—
Multiple Defects	—	—	2
Speech	—	—	—
TOTALS	10	44	67

Defective Hearing :

There were 3 deaf pupils on the register at the end of the year and 43 partially hearing.

Four children were examined by Professor Sir Alexander Ewing at Bangor, and a hearing aid was recommended in one case.

Rhoscolyn Day Special School :

This junior day special school continued to function satisfactorily during 1965. There were 25 children on the roll at 31st December, 1965.

Speech Therapy :

The Speech Therapist held 158 sessions during the year and gave 1,112 appointments. At the end of the year 45 children were receiving treatment and 8 were discharged. A number of other cases were interviewed but did not require treatment.

The number of children ascertained as being handicapped by reason of speech defect is 25.

Child Guidance :

Children showing evidence of being emotionally disturbed are referred to the Child Guidance Clinics which are held in Bangor and Holyhead under the direction of the Consultant Child Psychiatrist.

Details of work done by the Child Guidance Clinic for the year 1965 are given below :

NORTH WALES CHILD GUIDANCE CLINICS**Anglesey Children dealt with during 1965****1. At Clinics—number of attendances :**

Clinic	No. of individual Children dealt with	Psychiatrist				Psychologist				P.S.W.	
		First	P	First	P	First	P	First	P	First	P
Bangor	11	6	—	10	—	6	—	1	—	8	12
Holyhead ...	30	16	13	18	68	15	—	75	1	3	15
Children assessed at schools	78	—	—	—	—	78	—	—	—	—	—
Parents seen at home	—	—	—	—	—	—	—	—	—	—	—
Totals ...	119	22	13	28	68	99	—	76	1	11	27

“C”—Child.

“P”—Parents or Guardians.

2. Elsewhere—Number of Visits :

Psychiatric Social Worker		Psychologist	
Home Visits	Visits to other Social Workers	School Visits	Visits to other Social Workers
25	—	39	9

3. Number of referrals received during 1965 :

Name of Referring Agency	No. of Referrals
School Medical Officer	14
General Practitioners	8
Consulting Paediatricians	—
Other Medical Specialists	1
Courts and Probation Officers	2
Other Social Workers.....	—
Parents	—
Headteachers	—
Children's Officers	—
Director of Education	—
	25
Waiting list at 31/12/65	4

DENTAL SERVICE

Mr. O. C. Jenkins reports as follows :—

After being short-handed these last two years, I am pleased to report that once more we are fully staffed. We were joined early in May by Mr. J. Barcroft who has since been working in and around Holyhead.

Once again this year the Ministry of Health conducted a survey of the teeth of the children of the County. We are awaiting the result of this survey with interest.

The building of a clinic has been started in Amlwch. This clinic will enable us to offer far better facilities in the area. We are also having a replacement of the older mobile dental Unit, which has been in use for over thirteen years. It is of interest to record that this was the first mobile dental unit to be used by a local authority in Wales.

I would like to record the appreciation of the dental staff for the help received in running the dental service from the county's nursing officer and school staffs.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1965

PART I.

Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools).

Table A—Periodic Medical Inspections.

Age Groups Inspected (by year of birth)	No. of pupils inspected	General Physical condition of pupils inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	Per cent. of Col. 2	No.	Per cent. of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1961 and later	51	51	100	—	—
1960	569	569	100	—	—
1959	201	201	100	—	—
1958	52	52	100	—	—
1957	21	21	100	—	—
1956	24	24	100	—	—
1955	15	15	100	—	—
1954	4	4	100	—	—
1953	1	1	100	—	—
1952	2	2	100	—	—
1951	702	702	100	—	—
1950 and earlier	283	283	100	—	—
TOTAL	1,925	1,925	100	—	—

Table B.—Pupils found to require Treatment.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1961 and later	1	6	5
1960	11	66	72
1959	3	31	26
1958	3	5	7
1957	—	1	1
1956	5	1	6
1955	—	1	1
1954	—	—	—
1953	—	—	—
1952	—	—	—
1951	33	53	78
1950 and earlier	4	13	15
TOTAL	60	177	211

Table C.—Other Inspections.

Number of Special Inspections	...	...	...	...	...	...	1,085
Number of Re-Inspections	...	...	...	...	...	...	628
Total	...	...	...	...	...	...	<u>1,713</u>

Table D.—Infestation with Vermin.

i. Total number of examinations in the schools by school nurses or other authorised persons	...	...	...	...	...	34,150
ii. Total number of individual pupils found to be infested	...	...	...	...	...	125
iii. Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2) Education Act, 1944)	...	...	...	...	...	—
iv. Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3) Education Act, 1944)	...	...	...	...	...	—

PART II.

Return of Defects found by Medical Inspections.

Table A.—Periodic Inspections.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)
4	Skin	2	4	7	8	3	6	12	18
5	Eyes :								
	a. Vision	23	4	27	18	10	5	60	27
	b. Squint	11	9	—	—	—	1	11	10
	c. Other	1	3	—	—	1	1	2	4
6	Ears :								
	a. Hearing	4	1	—	2	—	—	4	3
	b. Otitis Media	—	—	—	1	—	—	—	1
	c. Other	1	1	—	—	2	—	3	1
7	Nose and Throat	28	33	7	12	7	10	42	55
8	Speech	6	4	—	—	—	—	6	4
9	Lymph. Glands...	—	1	—	—	—	—	—	1
10	Heart	2	7	—	4	—	—	2	11
11	Lungs	—	3	—	2	1	—	1	5
12	Developmental :								
	a. Hernia	1	2	—	1	—	—	1	3
	b. Other	2	5	—	2	—	1	2	8
13	Orthopaedic :								
	a. Posture	1	—	7	2	2	2	10	4
	b. Feet	11	9	19	4	5	11	35	24
	c. Other	—	5	1	1	—	—	1	6
14	Nervous system:								
	a. Epilepsy	—	—	—	2	—	—	—	2
	b. Other	—	—	—	—	—	—	—	—
15	Psychological :								
	a. Development	—	—	—	—	—	—	—	—
	b. Stability	—	1	—	—	—	—	—	1
16	Abdomen	—	—	—	—	—	—	—	—
17	Other	6	2	10	3	26	3	42	8

T.—Number requiring treatment.

O.—Number to be kept under observation.

PART II. (*Continued*).

Table B.—Special Inspection.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	1	1
5	Eyes : a. Vision	95	57
	b. Squint	2	7
	c. Other	5	2
6	Ears : a. Hearing.....	23	6
	b. Otitis Media	—	—
	c. Other	1	—
7	Nose and Throat	18	15
8	Speech.....	6	—
9	Lymphatic Glands.....	1	—
10	Heart	2	3
11	Lungs	1	3
12	Developmental :		
	a. Hernia	2	1
	b. Other	4	9
13	Orthopaedic :		
	a. Posture	—	3
	b. Feet	9	—
	c. Other	—	—
14	Nervous system :		
	a. Epilepsy	—	—
	b. Other	—	1
15	Psychological :		
	a. Development	28	1
	b. Stability	2	1
16	Abdomen	—	—
17	Other	16	2

PART III.

TREATMENT TABLES

*No. of cases
known to have
been dealt with***Table A—Eye Diseases, Defective Vision and Squint :**

External and other, excluding errors of refraction and squint	30
Errors of refraction (including squint)	805
Total	835
No. of pupils for whom spectacles were prescribed	714

Table B.—Treatment of Defects of Ear, Nose and Throat :

Received operative treatment :	
(a) for diseases of the ear	4
(b) for adenoids and chronic tonsillitis	10
(c) for other nose and throat conditions	—
Received other forms of treatment.....	39
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) 1965.....	2
(b) in previous years	9

Table C.—Orthopaedic and Postural Defects :

(a) Pupils treated at clinics or out-patient departments.....	327
(b) Pupils treated at school for postural defects	—

Table D.—Diseases of the Skin (excluding uncleanness), see Part I Table D.

Ringworm—Scalp	2
Ringworm—Body	4
Scabies	—
Impetigo	—
Other Skin Diseases	—

Tables E. and F.—Child Guidance Treatment and Speech Therapy:

(a) Under Child Guidance arrangements	41
(b) Under Speech Therapy arrangements	59

Table G.—Other Treatment given :

(a) Miscellaneous Minor Ailments	—
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G.	511
(d) Other :	
(i) Pupils given Halibut Liver Oil	46
(ii) Pupils given Breathing Exercises	37
(iii) Pupils given Ultra Violet Light	13
(iv) Treated at hospitals	362
(v) Enuresis Alarms	22

Dental Inspection and Treatment :

1. No. of pupils inspected by the Authority's Dental Officers :	
(a) Periodic age groups	5,012
(b) Specials	815
(c) Total (periodic and specials)	5,827
2. Number found to require treatment	4,579
3. Number offered treatment	3,468
4. Number actually treated	2,054
5. Attendances made by pupils for treatment	4,558
6. Half-days devoted to	
(a) Inspection	101
(b) Treatment	903
(c) Total	1,004
7. <i>Fillings</i> :	
(a) Permanent Teeth	4,005
(b) Temporary Teeth	1,350
(c) Total	5,355
8. <i>No. of teeth filled</i> :	
(a) Permanent Teeth	3,094
(b) Temporary Teeth	1,152
(c) Total	4,246
9. <i>Extractions</i> :	
(a) Permanent Teeth	461
(b) Temporary Teeth	1,183
(c) Total	1,644
10. Administration of general anaesthetics for extraction	513
11. Orthodontics :	
(a) Cases commenced during the year	15
(b) Cases carried forward from previous year.....	21
(c) Cases completed during the year	19
(d) Cases discontinued during year	5
(e) Removable appliances fitted	26
(f) Fixed appliances fitted	—
12. Number of pupils supplied with dentures	8
13. Other operations	86

APPENDIX

SCHOOL CLINICS

The present arrangements regarding school clinics are as follows :

A. Local Education Authority Clinics :

<i>Type</i>	<i>Location</i>	<i>Sessions.</i>
1. Dental	(a) St. David's Priory, Holyhead (b) Clinic, Llangefni (c) David Hughes County Sec. School, Menai Bridge. (d) Two Mobile Clinics.	Daily when S.D.O. is operating in the area.
B. Clinics conducted by the Local Education Authority on behalf of or by the Regional Hospital Board on Local Authority Premises.		
1. Ophthalmic	(a) County Secondary School Amlwch. (b) County Secondary School, Menai Bridge (c) St. David's Priory, Holyhead (d) Clinic, Isgraig, Llangefni	An average of 1 clinic per week is held in the County, alternating between the various centres according to the numbers awaiting treatment in the four catchment areas.
2. Orthoptic	St. David's Priory, Holyhead	1st Tuesday in month —all day, 3rd Tuesday in month—afternoons.
3. Orthopaedic	(a) St. David's Priory, Holyhead (b) Clinic, Llangefni	Once monthly, alternately.
4. Physiotherapy	(a) St. David's Priory, Holyhead (b) Clinic, Isgraig, Llangefni (c) County Secondary School, Menai Bridge (d) County Sec. School, Amlwch	Monday (mornings) Wednesday (mornings) Thursday (mornings) Friday (mornings) Tuesday (mornings)
5. Child Guidance	St. David's Priory, Holyhead	Alternate Thursdays
6. Speech Therapy	(a) Clinic, Isgraig, Llangefni (b) County Sec. School, Menai Bridge (c) St. David's Priory, Holyhead	Monday (mornings) Monday (afternoons) Tuesday (all day)

